

REMARKS

The drawings were objected to as failing to comply with 37 CFR 1.84(p)(5). These objections are due to a misinterpretation of the specification on pages 7 and 8. Accordingly these passages have been amended. Specifically, the sentence referring to reference number 32 now begins with a reference to FIGURE 4, the drawing on which reference number 32 is used. The sentence on page 8 which refers to reference number 38 now refers to FIGURE 6, which uses that reference number. The sentence on page 8 which refers to the "Test" button now specifically points the reader to the bottom of FIGURE 7 where the button graphic is shown. Reference number 36 has been added to the paragraph on page 8 which discusses FIGURE 6. Accordingly it is respectfully submitted that the drawings and specification are now in agreement and correct.

Claims 10 and 17 were rejected under 35 U.S.C. §112, second paragraph, as being indefinite. Objection was taken to the words "may be" in Claim 10, which indicate that the taking of the test at the time referenced in the claim is optional. To overcome the rejection these words have been amended to read "is available." The words "can be" in Claim 17 indicate that the animation is visible on a computer screen. These words have been amended to "are viewable." Accordingly it is respectfully submitted that these claims are now clear and definite.

Claims 13-20 and 23 were rejected under 35 U.S.C. §102(b) as being anticipated by US Pat. 5,791,907 (Ramshaw et al.) Claim 13 has been amended to depend from Claim 1. This set of claims now all depend ultimately from Claim 1.

Claims 1-4, 6-7 and 9-12 were rejected under 35 U.S.C. §103(a) as being unpatentable over US Pat. 6,546,230 (Allison) in view of US Pat. 4,539,435 (Eckmann). Claim 1 describes a computer-based interactive medical training system comprising

a case study presented in a computerized display in a virtual patient chart format for a patient exhibiting a given medical condition, wherein the virtual patient chart format simulates realistic aspects of a patient chart of medical records. Presenting the case study in the form of a virtual patient chart presents the training in a form with which the clinician is familiar, as the subject matter being taught is used in practice in a patient chart. Actual displays of virtual patient charts are shown in Figs. 3-6 of the present application for instance. Thus, the training is realistic and uses the format actually employed in medical practice.

Allison describes a computerized system for testing and training health care professionals but, as the Examiner acknowledges, Allison fails to show or suggest any use of a virtual patient chart format. For this missing element the Examiner cites Eckmann, which describes a case study based teaching system which is used over the telephone. The Eckmann approach starts with case studies published by a provider organization. Eckmann gives an exemplary case study in column 6, lines 1-14, which is seen to be an entirely textual written patient history, followed by a list of treatment options. Columns 6-8 then give an example of how an individual answers questions about the patient over the telephone. It is seen that the Eckmann case study bears no resemblance to a medical patient chart and in fact has no graphic components whatsoever. Thus it is respectfully submitted that the combination of Allison and Eckmann cannot render Claim 1 unpatentable. Claims 2-4, 6-7 and 9-12 all depend from Claim 1 and are patentable by reason of this dependency. These dependent claims have other elements not found in Allison or Eckmann, such as diagnostic reports of a virtual patient chart with diagnostic images from a plurality of imaging modalities.

Claim 5 was rejected under 35 U.S.C. §103(a) as being unpatentable over Allison in view of Eckmann and further in

view of US Pat. 6,149,585 (Gray). Claim 5 describes the computer-based interactive medical training system of Claim 2, wherein the diagnostic reports of Claim 2 further comprise instruction that a given diagnostic modality is not appropriate or deemed necessary to diagnose the given medical condition. Gray describes a computer-assisted treatment system in which a clinician enters a medical problem and patient data and the system responds with a plurality of possible diagnoses for selection by the user. Once the user selects a diagnosis the system follows with a recommended diagnostic task appropriate for the selected possible diagnosis. While the system is programmed to recommend a task that is believed by the system to be medically appropriate, there is no indication that the Gray system ever tells the user that a user selection is inappropriate or unnecessary for a particular diagnosis. Thus it is respectfully submitted that the combination of Allison, Eckmann and Gray cannot render Claim 5 unpatentable. Furthermore, Gray's system is not a medical training system, it is a computerized diagnostic aid. Moreover, there is no use of a virtual patient chart in the Gray system. Since Claim 5 ultimately depends from Claim 1, it is respectfully submitted that Claim 5 is patentable over this combination of references for this further reason.

Claim 8 was rejected under 35 U.S.C. §103(a) as being unpatentable over Allison in view of Eckmann and further in view of US Pat. 5,065,315 (Garcia). Claim 8 describes the computer-based interactive medical training system of Claim 1, wherein the virtual patient chart further comprises at least one of laboratory reports and pathology specimen pictures. Garcia describes a hospital information system in which a lab report is entered and used for various purposes at various locations, saving time and duplicative effort. For instance, the paragraph beginning at column 7, line 4 shows that the lab report in the computer 26 is printed out at the nurses'

station and placed in the patient's chart. The same report in the computer can be viewed by a physician at a remote terminal 24 and is also used for billing. This system automates the generation of a lab report for the actual patient chart in the hospital. There is no disclosure of any medical training system in Garcia, no suggestion of a virtual patient chart (only an actual one), and no suggestion of a virtual patient chart containing either a lab report or pathology specimen pictures. For these reasons it is respectfully submitted that Claim 8 is patentable over the combination of Allison, Eckmann, and Garcia.

Claim 13 and the claims depending from Claim 13 were rejected in view of Ramshaw et al. and, in the instance of Claims 21 and 22, Ramshaw et al. in combination with Allison. Claim 13 has been amended to depend from Claim 1. Ramshaw et al. describes a medical training system which trains clinicians in medial procedures. It does so by video clips and animations of a procedure, pausing occasionally to ask the student which medical instrument to use next in the procedure. Ramshaw et al. does not employ or suggest any presentation of a virtual patient chart. Accordingly Ramshaw et al. does not add this missing element to the other references and it is therefore respectfully submitted that Claim 13 and its dependent Claims 14-23 are patentable over any combination of the cited references.

The prior art made of record but not applied has been reviewed and is not believed to affect the patentability of the claims above.

The formal drawings are enclosed. It is respectfully requested that the Examiner approve entry of the formal drawings.

In view of the foregoing amendment and remarks it is respectfully submitted that Claims 1-23 are patentable over any combination of Ramshaw et al., Allison, Eckmann, Gray and

Garcia. It is further submitted that the objections to the drawings have been overcome by amendments to the specification and that Claims 10 and 17 are now clear and definite. Accordingly it is respectfully submitted that the rejections of the claims under 35 U.S.C. §112, §102(b) and §103(a) be withdrawn.

In light of the foregoing amendment and remarks, it is respectfully submitted that this application is now in condition for allowance. Favorable reconsideration is respectfully requested.

Respectfully submitted,

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